



ALABAMA BOARD OF MASSAGE THERAPY

2777 Zelda Road

Montgomery, AL 36106

Phone: 334-420-7233

Fax: 334-263-6115

Website: almtbd.alabama.gov

LMT RENEWAL APPLICATION

To renew your license, please submit the following to the address listed above:

- a) Complete page 1 & 2 of the attached application
- b) NOTARIZED signature on page 3
- c) Complete the CEU Reporting Form (page 4)
- d) Attach \$100 renewal fee (CASHIER'S CHECK OR MONEY ORDER ONLY)
**\$25 late fee (if sending in after expiration date)
- e) Attach current copy of certificate of liability insurance

Please complete the following: License #: _____

First Name: _____ Middle Initial: _____ Last Name: _____

SS#: ____ - ____ - _____ Date of Birth: ____/____/____ Email: _____

Primary Phone: ____ - _____ Work Phone: ____ - _____ Fax: ____ - _____

Name of Employer (or business name, if self-employed): _____

Establishment License #: _____ Establishment Address: _____

City, State, Zip: _____

If there have been any changes in your mailing address, phone numbers, etc., please list:

Professional Licensure History*

During the last 24 months:

- A. Have you ever been refused a license or certification to practice massage, or any other license or certification, or the renewal thereof, in any state or jurisdiction? ____ Yes ____ No
- B. Have you had a license or certification of registration to practice massage or any other licensed profession revoked, denied, restricted, suspended or otherwise acted against (including probation, fine, reprimand or surrender license) in a disciplinary proceeding in any state, federal or foreign authority; or have you ever surrendered such credential to avoid or in connection with such action by such authority?
— ____ Yes ____ No
- C. As a massage therapist, are you now or have you ever been a defendant in civil litigation in which the basis of complaint you alleged negligence, malpractice, or lack of professional competence?
____ Yes ____ No
- D. Is there currently pending against you in any jurisdiction a complaint against your professional conduct or competence as a massage therapist? ____ Yes ____ No
- E. Have you ever been convicted or found guilty, regardless of adjunction, of a crime in any jurisdiction, or have you ever been a defendant in a court-martial? (Do not include traffic violations)
____ Yes ____ No
- F. Have you ever been legally incompetent? ____ Yes ____ No
- G. Have you ever undergone treatment for the use of drugs or alcohol?
____ Yes ____ No
- H. Have you ever received treatment for any emotional disturbances, mental disorders or insanity that would impair your ability to perform as a massage therapist?
____ Yes ____ No

*If you answered "yes" to any of the above questions, please provide additional relevant information, dates, jurisdiction, offense, disposition, circumstances, medical practitioners who treated you or who were consulted. It will be necessary to direct each practitioner or facility who treated you to furnish the Board with any information the Board requests with respect to any such treatment.

____ Attached to this form ____ On file with the Board

NOTARIZED Licensee Attestation

I, _____, certify that I am the person described and identified in this application. I attest that I have answered all questions truthfully and completely and that the documentation provided in support of the application is, to the best of my knowledge, accurate. Should I furnish false information in this application, I hereby agree that such an act shall constitute cause of denial, restriction, suspension, or revocation of my license to practice as a massage therapist in the State of Alabama. I further understand that the Board may require additional information from me prior to a decision regarding my application.

The undersigned applicant understands the Board may make such inquiry and investigation concerning the applicant's character, criminal record and background as the Board, if a complaint is filed against you, deems proper and said application further agrees to furnish any additional information requested by the Board and agrees to appear before the Board if requested to do so.

Licensee Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20_____

NOTARY SEAL-SIGNATURE OF NOTARY PUBLIC

COMMISSION EXPIRATION

CONTINUING EDUCATION REPORTING FORM

(make copies as needed)

Notice: The Board will audit a number of randomly selected licensees to assure that the continuing education requirements have been met. The Board may request verification of credits submitted, including information regarding content, certification, and attendance. The licensee shall maintain and make available upon request the documentation required by this rule for a period of two years following the renewal period to which the continuing education credits were applied. 16 hours are required. Please refer to Chapter 532-X-6-.01 of the Administrative Code for further information.

1. Name of Provider: _____

Location: _____

Title: _____

Brief Description:

Dates: _____ Hours: _____

2. Name of Provider: _____

Location: _____

Title: _____

Brief Description:

Dates: _____ Hours: _____

3. Name of Provider: _____

Location: _____

Title: _____

Brief Description:

Dates: _____ Hours: _____

Signature: _____ Total Hours: _____